## NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION GREEN ACRES PROGRAM – TAX EXEMPTION PROGRAM

## APPLICATION FOR RECERTIFICATION OF REAL PROPERTY TAX EXEMPTION

Complete this form and the *Property Use Analysis* (Form GAR-033 2/08) <u>only if there has been a change in use and/or ownership</u> of the tax-exempt property as reported on the *Further Statement of Organization Claiming Property Tax Exemption* form.

Please submit two **Further Statements** *per Block and Lot* to the Tax Assessor of the municipality in which the property is located.

Also, please submit one Further Statement  $\underline{per\ Block\ and\ Lot}$  – and one Recertification Application (Form GAR-032 2/08) if there has been use and/or ownership changes – to the following address:

NJ Department of Environmental Protection Green Acres Program Attn: Tax Exemption Program P.O. Box 412 Trenton, NJ 08625-0412

## ALL DOCUMENTS MUST HAVE ORIGINAL SIGNATURES.

Click here to obtain a <b>FURTHE</b>	<u>R STATEMENT</u> <b>Applicat</b>	ion#
1. Name of Organization:		
2. Official Address:		
3. Organizational Representation	tive to receive correspondence regarding	this application:
Name:	Title:	r
Street Address:	 City:	State: Zip:
<u></u>	rom organization's address above)	State. Zip.
Business Phone: ( )	E-mail Address:	
Business Filone. ( )	E-man Address.	
4. Attach Property Use Analy	sis (Form GAR-033 2/08) – one form p	er municipality.
5. Has there been a change in a	ny of the following in the last three years	s?
	Y	TES NO
A. 501(c)(3)	status of the organization	
•	p of the exempt property	<u> </u>
	the organization	
	cess to any of the exempt property	<del></del>
	empt property as described in pplication (Form GAR-031)	
•	ents made to the property	<u> </u>
If the answer is "ves" to a	any of the above, please attach a detailed	d description to this form.
6. Attach completed <b>Further S</b>	Statement of Organization Claiming Pr 2) with original signature. Click here to	roperty Tax Exemption
•	AFFIDAVIT	
State of New Jersey	SS	
County of		
I,	being	
(Name of Office	cer)	(Title of Officer)
of the		
	(Name of Applicant Organization law do say that I have read this applications, the documents submitted, and declamy knowledge and belief.	ion in its entirety and that the
	(Signature of C	Officer Taking Oath)
Subscribed and sworn before m day of	e this , 20	
Attested by:		
Signature:		

This form is prescribed by the Commissioner, New Jersey Department of Environmental Protection, as required by N.J.S.A. 54:4-3.63 et seq., and may be duplicated but may not be altered or amended without approval of the Commissioner.

Name of Witness: